

## **RICAS BOOT CAMP PERMISSION**

### **ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN THE RICAS BOOT CAMP**

I, \_\_\_\_\_, (parent/guardian), agree to allow my son or daughter,  
\_\_\_\_\_ (student's name), to attend the following school activity:

Description of Activity: RICAS Boot Camp – Enrichment program focused on preparing the students for upcoming testing.

Date: Monday through Friday, April 10-14, 2023

Time: 9:00 am to 1:00 pm

For transportation to and from school, my son/daughter will [check one]

- ☐ be drop off/pick up by me or another adult on emergency contact list
- ☐ ride the bus
- ☐ walk to and from
- ☐ other arrangement: \_\_\_\_\_

This is to certify that I authorize the Superintendent or a designated representative to secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating in this activity. I understand that, while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with student injury.

In consideration for my child's participation in the above described activity. I expressly hold harmless from and waive against the District, employees, agents, and assigns, any and all claims for medical expenses, loss of services, injury to person or property, death, or other claims, actions, or liabilities or any concurrent or contributing fault of negligence of it or them as such may result from my child's participation in the activity. I understand that the District, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under State law.

I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Daytime phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_